This form is to be filed with the Division of Workers' Compensation no later than December 15, 2004. Along with this information, please include the actuarial evaluation that substantiates your expected losses. The Division of Workers' Compensation is not a ratemaking authority, but this information is required for our records. **Do not substitute this form.**

Group	Name							
Third	Party Administrator		Chairman					
Account Manager				Term Filing				
		METHOD USED T	ΓΟ DEVI	ELOP RATES (Check One	2)		
	1. NCCI untrended loss cost data 4. MDI trended loss cost data							
NCCI trended loss cost data				5. Group loss cost data, actuarially developed				
		ended loss cost data		ther				
PREMIUM SUMMARY BY CLASSIFICATION								
	Code	Description	Pr	ojected Payroll	Rate	Estimated Manual Premium		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
Total	ls							

PROJECTED REVENUES & EXPENSES

Revenues					
Premium		\$			
Interest		\$			
Total Revenue		\$			

Expenses					
Expected Losses	\$				
Administrative Expenses	\$				
Claims	\$				
Excess Insurance	\$				
Directors & Officers Insurance	\$				
Loss Control	\$				
Surety Bond	\$				
Fidelity Bond	\$				
CPA Audit & Tax Return	\$				
Actuarial Evaluation	\$				
Accounting Fees	\$				
Legal Fees	\$				
All taxes including second injury surcharge	\$				
Miscellaneous	\$				
Total Expenses	\$				

Loss Contingency/Surplus (Total Revenue – Total Expenses)	\$
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DISCOUNT SCHEDULE

Describe the method developed by the trust to determine appropriate discounts for individual members. Discounts should not exceed 25%, and the basis for discounts must be quantifiable with uniform pricing and application.